

FILED JAN 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2656

BIRTH NO. 4320-50		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 441	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				b. COUNTY MO.			
c. LENGTH OF STAY (In this place) 11 hrs				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp				d. STREET ADDRESS (If rural, give location) 5746 Westminister			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
INFANT		(Male)		KATZ		4. DATE OF DEATH (Month) (Day) (Year) Jan 15, 1950	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —		8. DATE OF BIRTH Jan 14, 1950		9. AGE (In years last birthday) 11 1/2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William KATZ		13b. MOTHER'S MAIDEN NAME Shirley PRICE		14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME W KATZ			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>attestations</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH <u>—</u>	
19a. DATE OF OPERATION —		19b. MAJOR FINDINGS OF OPERATION —				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) — 7625			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? —			
22. I hereby certify that I attended the deceased from Jan 14, 1950, to Jan 15, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE William J. Conrad J. M.D.		(Degree or title)		23b. ADDRESS 216 S. Knappland		23c. DATE SIGNED 1/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/15/50		24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona		24d. LOCATION (City, town, or county) (State) University City, MO	
DATE REC'D BY LOCAL REG. JAN 16 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 8715 Thompson	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 7229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.